



Incident Report

Print Date/Time: 07/13/2016 07:26
Login ID: ss0100

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00012418

Incident Date/Time: 6/28/2016 5:06:00 AM
Location: 1904 83RD AVE SE
LAKE STEVENS WA 98258
Phone Number: (425) 397-3638
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D2	SS0132-Kilroy
19N3	SS0135-Parnell
19S10	SS0013-Brooks
19S15	SS0072-Aukerman

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	WSP					
2	Reporting Party	NELSON, DIANA		(425) 397-3638			

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

06/28/2016 : 06:12:19 SP0380 Narrative: E82 CMD TERM

06/28/2016 : 05:25:27 SP0174 Narrative: 19N3 - TOP NOTCH TOWING ENRT W/2

06/28/2016 : 05:23:54 SP0174 Narrative: 19N3 - REQ 2 TOW'S, ONE VEH HAS FALT FRONT TIRE

06/28/2016 : 05:19:10 SP0291 Narrative: ONE YELLOW ONE GREEN

06/28/2016 : 05:16:46 SP0291 Narrative: 83RD CMD

06/28/2016 : 05:16:36 SP0291 Narrative: 2 CAR HI SPEED ,

06/28/2016 : 05:09:30 SP0152 Narrative: WSP ADV SUBSTANTIAL GAS LEAK

06/28/2016 : 05:08:46 SP0152 Narrative: LR152

06/28/2016 : 05:08:40 SP0152 Narrative: RP NOW SEEING CARS BACKING UP ON HER ST

06/28/2016 : 05:08:33 SP0425 Narrative: Narrative added from associated Call #: 565 - CC, UNKN INJ, BLKING INTERSECTION, WSP OS, LR425

06/28/2016 : 05:08:09 SP0152 Narrative: HEARD ONLY W/O LOC, WHAT SOUNDED LIKE ACC, NFI


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E561227

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	2016-00012418
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LOCAL AGENCY CODING	0664
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	06	-	28	-	2016			0508	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
83RD AVE SE		BLOCK NO. <input checked="" type="checkbox"/> 2000
		MILE POST

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
			S	W	20TH ST SE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE D: 2064584476
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LAST NAME	CABALLERO	FIRST NAME	ANTHONY	MIDDLE INITIAL	E
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STREET NEW ADDRESS	3531 200TH PL SW
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CITY	LYNNWOOD	ST	WA	ZIP	980369112
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CDL		RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	CABALAE053C1	STATE	WA	SEX	M	D.O.B. MMDDYYYY	02	-	21	-	1995
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES	HEAD INJURY
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LICENSE PLATE #	AVM9535	STATE	WA	VIN#	4T1BE46K97U675791
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2007	MAKE	TOYT	MODEL	CAM4D	STYLE	4D	VEHICLE TOWED YES <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/>
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REGISTERED OWNER INFO. CHRISTINA CABALLERO 3531 200TH PL SW LYNNWOOD WA 98036

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 901488401
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE
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LAST NAME	FELICIANO	FIRST NAME	CARLOS	MIDDLE INITIAL	R
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STREET NEW ADDRESS	8327 6TH PL SE
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CITY	LAKE STEVENS	ST	WA	ZIP	982583688
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CDL	B	RESTRICTIONS		ENDORSEMENTS	L, P
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DRIVER'S LICENSE #	FELICCR285PB	STATE	WA	SEX	M	D.O.B. MMDDYYYY	10	-	02	-	1972
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES	HEAD INJURY, LACERATIONS
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LICENSE PLATE #	AWJ6419	STATE	WA	VIN#	1FALP42X0TF159666
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1996	MAKE	FORD	MODEL	MUSCP	STYLE	CP	VEHICLE TOWED YES <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/>
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REGISTERED OWNER INFO. CARLOS FELICIANO 8327 6TH PL SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	AMERICAN FAMILY 2372-4402-06-64-FPPA-WA
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	K. PARNELL	BADGE OR ID #	0135	AGENCY	WA0311900
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E561227**CASE # **2016-00012418**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					

NARRATIVE

Veh. 2 was stopped facing SB on 83rd Ave SE at the intersection at 20th St SE. The front of veh. 1 was traveling SB on 83rd Ave SE. Veh. 1 impacted the rear of veh. 2. Both vehicles spun into the intersection. Both drivers were transported to the hospital. Both vehicles were towed by Top Notch Towing.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

K. PARNELL				06-28-16 07:04 AM			
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET		DATED		PLACE SIGNED	
APPROVED BY C. CHRISTENSEN 0075				DATE 7/7/2016 6:32:12 PM			
BADGE OR ID #	0135	ORI #	WA0311900	TIME POLICE DISPATCHED	5:09 AM	TIME POLICE ARRIVED	5:16 AM

REPORT NO. E561227

CASE # 2016-00012418

DATE AND TIME
OF COLLISION 06/28/16 05:08

